

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15102

00363

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs.

Hospital, Institution, or street address where death occurred: Greenbora Road

How long in hospital or institution? 20

3. (a) FULL NAME

Joseph M. Brown

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

B. (c) Name of husband or wife: Sallie Brown

7. Birth date of deceased (mo., day, yr.): March 20, 1867

8. AGE: Years: 78 | Months: 10 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Harrington Del. P. O. S. (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

12. Name: Wm. Brown

13. Birthplace: Delaware

14. Maiden name: Leah Lewis

15. Birthplace: Delaware

16. Informant: Mrs. A. T. White

Address: Bridgewater at Delaware

17. Jan. 21, 1946 Date thereof: Jan. 29, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Bloomery

Location: Federalsburg Md. P. O. S.

18. Funeral director: J. Harvey Williamson

Address: Federalsburg Maryland

19. 1-21 1946 Mar 10 George

(Date rec'd by registrar) (Date) (Signature) (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 21 1946 at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 21 1946 to Jan. 21 1946

and that I last saw him alive on Jan. 24 1946

Immediate cause of death: Bright's Disease -

Due to: Bright's Disease - 39m

Due to: Bright's Disease - 59m

Other conditions: (Include pregnancy within 8 months of death)

Major findings or operations: Date of op.

Autopsy results: Date of

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

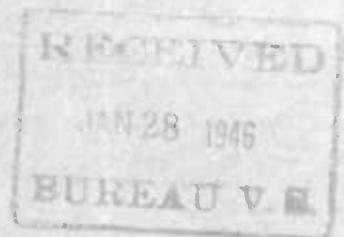
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. D. or other

Address: Denton Date signed: 1/21/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00364

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH

County

City or town

*Caroline
Frederickburg Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 yr

Hospital, Institution, or street address where death occurred:

near Hickman

How long in hospital or institution?

3. (a) FULL NAME

Sydia Ann Brown

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

*White Widowed
William Brown*

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Thomas Hobbs

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

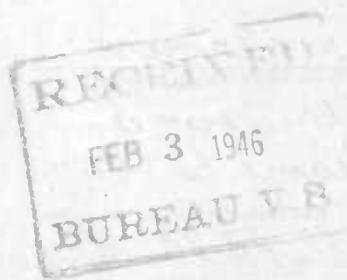
19. (Date rec'd by registrar)

Date thereof

(month)

(day)

(year)



I

M
age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23d

CERTIFICATE OF DEATH

06365
64

Reg. Dist. No.....

1. PLACE OF DEATH:

County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yearsHospital, institution, or street address, where death occurred:
Near Bechtel

How long in hospital or institution?.....

3. (a) FULL NAME

Mary Cannon

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William Cannon

7. Birth date of deceased (mo., day, yr.)

February 10, 1875

6.(c) If alive, give age _____ years

8. AGE:

Years
70Months
11Days
2If less than one day
hrs. min.

9. Birthplace

Sussex County, Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

Bogard Ricketts

MOTHER FATHER

13. Birthplace

Sussex County, Delaware

MOTHER FATHER

14. Maiden name

Rosanna Colice

MOTHER FATHER

15. Birthplace

Sussex County, Delaware

MOTHER FATHER

16. Informant

Rosa Sorden

Address

Federalburg, Maryland R.R.D.

17. Burial

Date thereof January 16 1946
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Bechtel Cemetery

Location

Near Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. January 15 1946

(Date rec'd by registrar)

S. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Bechtel
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1946 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 1945 to Jan 12 1946and that I last saw her alive on Jan 12 1946

Immediate cause of death

Chronic MyositisDURATION
7Due to Hypertension

7

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Small, M.D.

M. D. or other

Address

Benton

Date signed

Jan 15-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5B

00366

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

Caroline
Denton Maryland

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Benj Franklin Greeley.

4. Sex

male

5. Color or race

w

6.(a) Single, married, widowed, or divorced

widower

6.(b) Name of husband or wife

wife Adele

7. Birth date of

deceased (mo., day, yr.)

Dec. 13th 1862

6.(c) If alive, give age.....

years

8. AGE:

Years

83

Months

9

Days

30

If less than one day

hrs.

min.

9. Birthplace

Near Denton, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

Arthur J. Greeley

Maryland

MOTHER

Maiden name.....

Anthony

Maryland

16. Informant

Alice John Greeley

Address

Denton - Md.

17. Burial

Date thereof 1-20-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Greenbush Cemetery

Location

Greenbush, Md.

18. Funeral director

F. Vigil Moon & Son

Address

Denton - Md.

19. Date rec'd by registrar

1/19 46 M.A. George

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Caroline

City or town.....

Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 18

1946 at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1943 to Jan 18 1946

and that I last saw him alive on Jan 18 1946

Immediate cause of death.....

Cancer

Due to Cancer of Liver & abdomen

DURATION

7 mo -

29 days

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

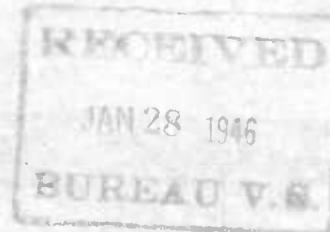
Hanson D. George M. D. or other

Address..... Date signed 1/19/46

111-1810-19 THIRTEEN STATE GRADUATE

111-1810-19 STADLER

OFFICIAL MAIL ROOM



VS A16 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

00367

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

Gatesburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Academy Ave.

How long in hospital or institution?.....

3. (a) FULL NAME

Cyrus Hatfield

4. Sex

m.

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife.....

Louise Hatfield

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

August 5, 1872

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Georgetown, Del.

(Town, county, and state)

10. Usual occupation.....

retired telegraph operator

11. Industry or business

" " "

12. Name.....

George W. Hatfield

13. Birthplace

Del.

14. Maiden name.....

Marion Denning

15. Birthplace

Del.

16. Informant.....

Mrs. W. Edward S. Neble

Address

Gatesburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 1 - 28 - 1946
(month) (day) (year)

Cemetery or crematory.....

Union Cemetery

Location.....

Georgetown, Del.

18. Funeral director.....

Harvey Williamson

Address

Gatesburg, Md.

19. January 27 1946
(Date rec'd by registrar)J. T. Garris
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Delaware

County.....

Sussex

City or town.....

Georgetown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Pine Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

January 24 th. 1946 at 9:30 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/20 1946 to 1/25 1946

and that I last saw him alive on 1/25 1946

Immediate cause of death.....

Cerebral thrombosis

DURATION

5 days

Due to..... Chronic myocarditis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

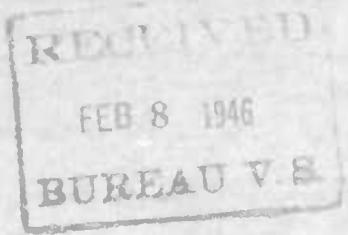
Injured at work?

23. SIGNATURE

Frank M. Anderson 40
M. D. or other

Address.....

Federal Bldg. 1/26/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4900

00368

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....

Caroline
Holdsboro Rural
(If outside city or town limits, write RURAL and give nearest town)

City or town.....

How long in above place of death?.....

4 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Oliver Melvin

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F. White Married

6. (b) Name of husband or wife

Geo. W. Melvin

7. Birth date of deceased (mo., day, yr.)

Feb. 17, 1899

6. (c) If alive, give age 5 1/2 years

8. AGE:

Years

Months

Days

If less than one day

46

10

18

hrs.

min.

9. Birthplace

Maryland (town, county, and state)

10. Usual occupation

Housewife

Abe. No. Long

11. Industry or business

Unknown

12. Name

Mollie Hobbs

13. Birthplace

Maryland

14. Maiden name

Geo. W. Melvin

15. Birthplace

Greensboro Md.

16. Informant

Greensboro

Cemetery or crematory

Greensboro Md.

Location

Raymond B. Rawlings

16. Funeral director

Greensboro, Md.

Address

L. D. McPadden

17. (Burial, cremation, or removal, which?)

Date thereof 1/18/46

(month) (day) (year)

Means of transport

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

L. D. McPadden

Address

Greensboro, Md.

Date signed 1/18/46

(Date rec'd by registrar)

Registrar

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED

JAN 9 1946

BUREAU V A

Evidence for change of date
of birth of deceased is

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

00369

FILM No. 100 FEB 1 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

F

5. Color or race

or

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Truman Morse

7. Birth date of deceased (mo., day, yr.)

6(c) if alive, give age 70 years

July 30, 1880

8. AGE:

65

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

New York City

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name William Van Buren

13. Birthplace New York City

MOTHER

14. Maiden name Hannah Brown

15. Birthplace New York City

16. Informant

Truman Morse

Address

Al Greenbaum and
Bureau

Date thereof 1-26-46

(month) (day) (year)

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory Evergreen Cemetery

Location East Rockhurst Rd. New York

18. Funeral director J. Puglisi Mortuary

Address

Staten Island

19. 1/23 1945

(Date rec'd by registrar)

1945

Date signed

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Caroline

City or town

Near Greenbush, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 22 1946 at 11:20A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 16 1945 to Jan 22 1946

and that I last saw him alive on Dec. 21 1945

Immediate cause of death

Bronchitis

DURATION

Jan Month

Due to Bronchitis

2 yr +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Paul Morris

Weston Ave Date signed 1/23/46

RECEIVED
JAN 28 1946
BUREAU V.R.

M

Evidence for the change of
month of birth and name of MARYLAND STATE DEPARTMENT OF HEALTH
child is shown on
G101 4/16/46

00370

2411 N. Charles St., Baltimore 9
CERTIFICATE OF DEATH

Reg. Diat. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months 17 days

Hospital, Institution, or street address where death occurred:
Forestown

How long in hospital or institution?

3. (a) FULL NAME

Vielice
Loretha Vielice Mary Murray

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

March
April 16, 1945

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Years Months Days If less than one day

-

8

17

hrs.

min.

9. Birthplace

Easton, Maryland
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name Gilbert Murray

13. Birthplace Caroline County, Maryland

14. Maiden name Marjorie A. Cephas

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Marjorie A. Murray

Address Preston, Maryland, P.F.D.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof January 5 1946
(month) (day) (year)

Cemetery or crematory Forestown Cemetery

Location Preston, Maryland, P.F.D.

18. Funeral director J. J. Traumpton and Son

Address Federalsburg, Maryland

19. Jan. 5 1945
(date rec'd by registrar)

C. W. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Forestown
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3

1946 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 3 1946, to January 3 1946
and that I last saw him alive on January 3 (Seal of Hospital)

Immediate cause of death Pneumonia

DURATION

2 days

Due to Pneumonia

8 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Janey B. Plummer

M. D. or other

Address Preston, Maryland Date signed 1/5/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 62

06371

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

Near Dewey

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 13 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

F 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widower

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years Months Days If less than one day
85 6 24 hrs. min.

9. Birthplace.....

(Town, county, and state) Caroline County, Md.

10. Usual occupation.....

11. Industry or business

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. (Burial, cremation, or removal. Which?)

Date thereof..... 1-24-46
(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. 1/23 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County..... Caroline

City or town.....

Near Dewey (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 21 1946 at 3:10 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 Jan. 21 1946 to Jan. 21 1946

and that I last saw him alive on Jan. 20 1946

Immediate cause of death.....

arteriosclerotic heart disease

DURATION
6 mo

Due to.....

Due to.....

Other conditions general arteriosclerosis

DURATION
10 mo

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

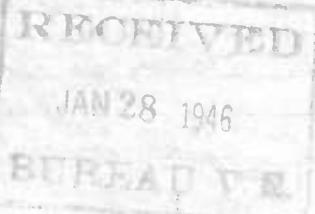
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... Paul Worth Jr. M. D. or other

Address..... Date signed 1/23/46



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

00372

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... Caroline
City or town..... Hickman, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 yrs

Hospital, institution, or street address where death occurred:

none

How long in hospital or institution? none

3. (a) FULL NAME

Arlington Patton (Ollie)

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white married

6.(b) Name of husband or wife..... Laura E. Patton

7. Birth date of deceased (mo., day, yr.) March 4, 1863

6.(c) If alive, give age 65 years

8. AGE: Years Months Days If less than one day
82 10 23 hrs. min.

9. Birthplace..... New York State

(Town, county, and state)

10. Usual occupation..... retired farmer

11. Industry or business

12. Name..... Jacob Patton

13. Birthplace..... N. Y.

14. Maiden name..... Anna Connell

15. Birthplace..... N. Y.

16. Informant..... Mrs. Sepp Passwater's

Address..... Chester, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof..... I- 29- 46

(month) (day) (year)

Cemetery or crematory..... Wesley Chapel Cem.

Location..... Burrsville, Md.

18. Funeral director..... Harvey W. Williamson

Address..... Federalsburg, Md.

19. (Date rec'd by registrar) 11/27 1946 Mabel George Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Caroline

City or town..... Hickman (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... no

3. (b) Social Security Number
none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan. 27th. 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 1946 to Jan. 27 1946 and that I last saw him alive on Jan. 25 1946

Immediate cause of death.....

Due to Central Hemorrhage

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Dawson D. George M. D. or other

Address..... Federalsburg, Md. Date signed 1/29/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

00373

Reg. Dist. No. 60

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

HendersoN Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 mrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Joseph Sidow

4. Sex

m

5. Color or race

w.

6.(a) Single, married, widowed, or divorced

Single.

B. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age years

1860

8. AGE:

Years 85

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Moravia

(Town, county, and state)

10. Usual occupation.....

Laborer.

11. Industry or business

FATHER

12. Name.....

No Record.

13. Birthplace

No Record.

14. Maiden name.....

No Record.

15. Birthplace

No Record.

16. Informant.....

Dr. Dawson O. George Connor

Address

Benton Md.

Burial

Greensboro

Cemetery or crematory

Greensboro

Location

Greensboro Ind.

18. Funeral director.....

Raymond B. Rawlings

Address

Greensboro Md.

19. Date rec'd by registrar.....

Jan. 2 1946

(Date rec'd by registrar)

19.....

AC Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Caroline

City or town.....

HendersoN Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

Jan. 7

1946

at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

to

and that I last saw h.....alive on 19.....

Immediate cause of death.....

DURATION

Due to.....

6 mos

Primary cause, Disease.....

Renal Disease

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

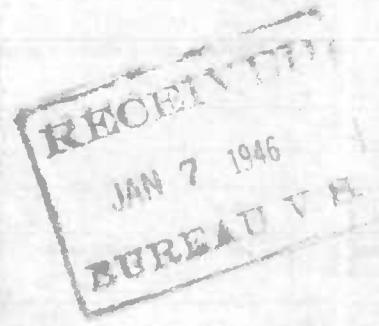
23. SIGNATURE.....

M. D. or other

Address.....

Date signed

1/2/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Distr. No. 63

06374

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, Institution, or street address where death occurred:
Near Smithson

How long in hospital or institution?

3. (a) FULL NAME

Walter M. Thomas

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Harriet E. Thomas6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

July 11, 1876

8. AGE:

Years 69Months 6Days 20

If less than one day

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Say Farmer

11. Industry or business

Farm

12. Name

No data available

13. Birthplace

Sarah Frances Thomas

14. Maiden name

Caroline County, Maryland

15. Birthplace

Mrs. Harriet E. Thomas

16. Informant

Preston, Maryland, U.S.A.

Address

17. Burial Date thereof February 4, 1946
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Mt. Pleasant Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Frantz & Son

Address

Federalsburg, Maryland19. 2/3 Date rec'd by registrar 1946

(Date rec'd by registrar)

C. W. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Smithson
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1946, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 20, 1941, to January 31, 1946,
and that I last saw him alive on October 23, 1945.Immediate cause of death 12 months old Edema.Due to Chronic Myocapitis DURATION 2 daysDue to Influenza DURATION 1 dayOther conditions (Include pregnancy within 3 months of death)Major findings of operations Date of op.Autopsy results Date of op.

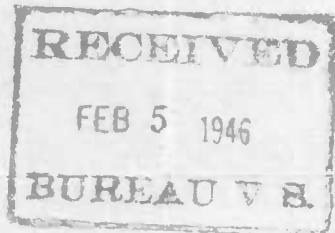
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date ofWhere did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?23. SIGNATURE July B. Plummer M. D. or other C. W. PlummerAddress 211 Main Date signed 2/1/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

01,375

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 55 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Blanche E. Willey

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

September 18, 1888

6. (c) If alive, give age _____ years

8. AGE:

Years
57Months
3Days
14

It less than one day

hrs.

min.

9. Birthplace

Sussex County, Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

None

MOTHER FATHER

12. Name John C. Willey13. Birthplace Sussex County, Delaware14. Maiden name Wilhelmina Collins15. Birthplace Sussex County, Delaware16. Informant Mrs. Milton L. WilleyAddress Federalsburg, Maryland, S.T.D.17. Burial Date thereof January 4, 1946
(Burial, cremation, or removal, Which?) Date (month) (day) (year)Cemetery or crematory Steel Crest CemeteryLocation Federalsburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalsburg, Maryland19. January 2, 1946
(Date rec'd by registrar)J. J. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Nichols Road

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on

Immediate cause of death.....

Due to Fractured skull DURATION Sudden

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

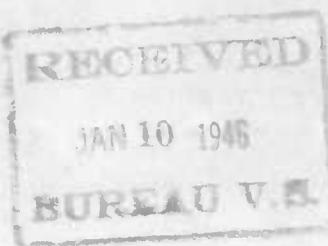
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1/2/46Where did injury occur? Federalsburg (City or town) (County) Caroline (State) Md.Injured at home, farm, industry, public place (where?) HagwayMeans of injury Ran down by Auto- Injured at work? No

23. SIGNATURE

James George Brown M. D. or otherAddress Dunbar Date signed 1/2/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1020

CERTIFICATE OF DEATH

603764
Reg. Dist. No. 64

1. PLACE OF DEATH: Caroline

County.....

City or town..... Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... full life

Hospital, institution, or street address where death occurred:

..... none

How long in hospital or institution?..... no

3. (a) FULL NAME

Walter J. Wright

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife..... Florence E. Wright

7. Birth date of deceased (mo., day, yr.)..... March 4, 1887

6.(c) If alive, give age 60 years

8. AGE: Years 58 Months 10 Days 24 If less than one day hrs. min.

9. Birthplace..... Concord, N.H. (Town, county, and state)

10. Usual occupation..... Holt Oil Co. - Employee

11. Industry or business.....

12. Name..... Patrick J. Wright

13. Birthplace..... Md.

14. Maiden name..... Mary Ellen Sevier

15. Birthplace..... Md.

16. Informant..... Mrs. Florence Wright

Address..... Federalsburg, Md.

17. Burial Date thereof..... 2-3-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Bridgewater Cemetery

Location..... Bridgewater, Del.

18. Funeral director..... Harry Wilmer

Address..... Federalsburg, Md.

19. February 2 1946 J. J. Garies
(Date rec'd by registrar) J. J. Garies
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... World War I

3. (b) Social Security Number

213-03-9648

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan 31 1946 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1945 to Jan 31 1946, and that I last saw him alive on Jan 31 1946.

Immediate cause of death..... maligned hypertension

DURATION 2 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Frank W. Anderson M.D.

M. D. or other..... Address..... Federalsburg, Md. Date signed 2/2/46

